

Naval Base Coronado Voluntary Impound Form

Official Use Only

Space # _____ MM/YY ____/____

West Impound ☐ North Impound ☐

1. Vehicles stored/released Mon-Fri 0730-0900 (Except holidays)
 - other times by appointment only
2. Battery disconnect recommended
3. First come first serve
 - On space available basis only, one vehicle per owner
 - No storage of boats, trailers, recreational vehicles
4. Car cover
 - should have additional tiedowns to lessen possibility of flying off
 - labeled with owners name, licence plate and space number
 - impound department not responsible for lost or missing car covers
5. Fill out Voluntary Impound Form prior to storage
 - email address required

CNRSW - Impounds/Long-term Storage
Naval Base Coronado
P.O. Box 357038
San Diego, Ca. 92135-7038

Email: longtermstorage@cnrsw.navy.mil

6. Policies
 - Administrative
 - Active Duty & NBC/NAB Local Commands ONLY
 - Min. 1mo or Permanent Decal On Vehicle
 - 3 months or longer storage only (this is a long-term storage lot!)
 - NO PCS Change of duty station
 - Vehicles removed from lot within 30 days of member's return or it will be **TOWED at owners expense** after **45** days of your return date
 - Vehicle
 - No blocking - tire removal, disconnect battery & back car into space (if battery is in front of car)
 - Recommend you fill gas tank PRIOR to storage, then change oil AFTER pick-up from storage
 - No dangerous weapons
 - guns, ammo, explosives matches, lighter fluids, flammable liquids, perishable foods, or any other item that is not safe for long-term storage

Agreement: I agree to hold the US Navy harmless from any claims or action arising fro storage of said motor vehicle at the NASNI impound lot. I expressly assume any and all risks of damage. Further, I certify that this information is correct and true to the best of my knowledge.

(Owner) _____

Date (mm/dd/yy) _____

I hereby authorize, upon my request, my vehicle be released to the person listed below. I further understand that this is not a Power-of-Attorney.

(Name) _____

Last Name		First Name		Rank/Rate		SSN#	
Name of Ship Deployed		Attached Squadron		Imp/Spec Ph# 619-545-8145		Return Date (mm,yy)	
E-Mail (Military and/or non-military), or Address				Next of kin (relationship) and address w/phone # (include area code)			
Vehicle Make		Model		Year		Color	
Lic Plate#	State	Exp. Date	Decal and Region				

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Vehicle Released Date ____/____/____ (dd/mm/yy)

Impound Officer _____

Released To _____

Owner/Other (as listed above) or Power of Attourney (Circle One)